

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926720

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3							53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8	✓						58						
9		✓					59						
10	✓						60						
11		✓					61						
12	✓						62						
13		✓					63						
14	✓						64						
15	✓						65						
16	✓						66						
17	✓						67						
18	✓						68						
19	✓						69						
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21	✓						71						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	✓		✓		✓	TOTAL IND.		✓		✓		✓
TOTAL DEP.	10	✓		✓		✓	TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS	21						TOTAL CLAIMS						

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